A STANDER

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

		IN THE UNITED STATES PATENT AND TRADEMARK OFFICE								
In re	Pate	nt Application of ROOM								
Darrell R. ANDERSON et al BOX: NON-FEE AMENDMENT										
Application No.: 08/476,275										
Filed	: Ju	ne 7, 1995 Examiner: R. Schwadron	e: .							
For:	For: THERAPEUTIC APPLICATION OF CHIMERIC AND RADIOLABELED ANTIBODIES TO HUMAN B LYMPHOCYTE RESTRICTED DIFFERENTIATION ANTIGEN FOR TREATMENT OF B-CELL LYMPHOMA									
RESPONSE TRANSMITTAL LETTER										
		Commissioner for Patents on, D.C. 20231								
Sir:										
]	Enclo	osed is a response for the above-identified patent application.								
l	[] A Petition for Extension of Time is also enclosed.									
I	[]	Also enclosed is								
1	[]	verified statement(s) claiming small entity status [] are also enclosed [] were submitted previously.								
1	[]	A Contingent Notice of Appeal is also enclosed. The response submitted herewith is being submitted after a final rejection. In the event that the amendments therein are entered but do not result in allowance of all the claims, then the enclosed Contingent Notice of Appeal appealing all finally rejected claims should be entered and the Commissioner is authorized to deduct from Deposit Account No. 02-4800 the fee of [] \$145 [] \$290 for filing a Notice of Appeal in accordance with 37 C.F.R. § 1.191(a).								
!	[]	The earliest effective U.S. filing date of this application is before June 8, 1993. In the event that the response submitted herewith is denied entry, the Commissioner is authorized to deduct from Deposit Account No. 02-4800 the fee of [] \$375 [] \$750 for entry of the submission in accordance with 37 C.F.R. § 1.129(a).								
1	[X]	No additional claim fee is required.								
1	[]	An additional claim fee is required, and is calculated as shown below:								

Response Transmittal Letter Application Serial No. <u>08/476,275</u> Attorney's Docket No. <u>012712-155</u> Page 2

AMENDED CLAIMS									
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE				
Total Claims	14	MINUS 20 =	0	x \$22 =					
Independent Claims	2	MINUS 3 =	0	x \$78 =					
If Amendment adds multiple dependent claims, add \$250.00									
Total Amendment Fee									
If small entity status is claimed, subtract 50% of Total Amendment Fee									
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT									

[]	A claim fee in	the amour	nt of \$	_ is	enclosed.
[]	Charge \$	to D	eposit Account	No.	02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in triplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, LLP

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Date: March 21, 1996